

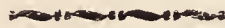
STOCKSBRIDGE
URBAN DISTRICT COUNCIL



Annual Report
of the
Medical Officer of Health
for the Year
1953



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Stocksbridge Urban District Council.

Public Health Committee, 1953.

Councillor J. B. Hemsley (Chairman).

- „ J. W. Allott.
- „ H. Bradbury.
- „ J. P. Holling (Vice-Chairman of the Council).
- „ T. Hush.
- „ O. Inman.
- „ A. Rains.
- „ P. Schofield.
- „ L. H. Scholey.
- „ A. Sweeney, C.C. (Chairman of the Council).
- „ Mrs. M. West.
- „ J. W. Whitehead.

Staff of the Health Department.

Medical Officer of Health.

J. MAIN RUSSELL, M.B., Ch.B. (Edin.), B.Hy., D.P.H.

Senior Assistant Medical Officer.

J. J. SMITH, M.B., Ch.B., D.P.H.

(Appointed 1/2/53).

Sanitary Inspector and Surveyor.

DOUGLAS E. ROBINSON, M.S.I.A., Cert. M. & F.I.

Stocksbridge Urban District Council.

Annual Report of the Medical Officer of Health for 1953.

TO THE CHAIRMAN AND MEMBERS OF THE STOCKSBRIDGE
URBAN DISTRICT COUNCIL

LADY AND GENTLEMEN,

I have the honour to submit my Annual Report upon the Health Services of the Stocksbridge Urban District for the year ended 31st December, 1953. This Annual Report is prepared on similar lines to the ones prepared in recent previous years.

As is customary, the Ministry have asked for some particular information about certain aspects of the Health Services, but those, in the main, refer to the Part III Services, which are the responsibility of the County Council. There are such matters as Hygiene in Food Handling, Care in the Preparation of Food, and Extensions to Water Supplies and Sewerage and Sewage Disposal, which are mentioned for special comment and which are matters under the control of the District Council. Another subject which we have been asked to comment upon more fully is Health Education. In the body of the report I have included a short commentary on Health Education so far as it affects the district.

As I have done in previous years, I have included in this document some statistics concerning the services provided by the Local Health Authority in this district. Although not under the direct jurisdiction of the District Council these services are, nevertheless, of great importance to the people of the district, and, naturally, you are interested in what is happening. Admittedly, I have not enlarged upon the services to any great extent, but I think the statistics and the remarks are enough to give a fair picture of how the services work.

If we look briefly at the Vital Statistics for the district we notice that the Birth Rate has increased by a very small degree compared with the figures for 1952. At 14.09 per 1,000 of the total population the rate is less favourable than that for the rest of the Country, at 15.5; the Administrative County of the West Riding, at 15.7; and the average for the Urban Districts within the Administrative County of the West Riding, at 15.4. The Registrar General has again provided an Areal Comparability Factor which, when applied to the Birth Rate, produces a corrected Birth Rate of 14.23. The Still-Birth Rate has increased a little compared with the figures for 1952 and it, too, compares unfavourably with the rate for England and Wales, at 0.35, and also the average for the Urban Districts within the Administrative County of the West Riding, at approximately 0.40. The Crude Death Rate has fallen considerably compared with that for the previous year, and at 8.41 per 1,000 of the population, it is much better than the figure of 11.4 for England and Wales, 11.6 for the Administrative County of the West Riding, and 12.5 for the average of Urban Districts within the Administrative County of the West Riding. After application of the Areal Comparability Factor the corrected Death Rate becomes 9.83. When considering the deaths within the district we find that nearly 1 in every 7 deaths was due to malignant disease of some kind, and that a little over 40% were due to diseases of the heart and circulatory system. In studying the age group of the deaths one finds, as is to be expected, that by far the greatest number occurred in the group "65 years and over". A total of 58 deaths occurred in this group, as compared with 3 deaths in the group "0—25 years". The Infantile Death Rate, which I consider gives an indication of the trend of the health of the area, was 6.09 per 1,000 of the related live births, as against a figure of 21.1 for the previous year. This is the lowest Infantile Death Rate recorded in

Stocksbridge since 1945, and I have great pleasure in reporting such a happy picture. There was, in effect, only one infantile death, where the baby died in the first week of life from a failure of the lungs to expand properly.

The Vital Statistics, therefore, are very favourable for the district for the year under review.

It is again mentioned in this report, in the section dealing with Sanitary Circumstances, which is prepared by Mr. Robinson, that the question of Sewerage and Sewage Disposal is still a problem. During the year there has been some trouble in that part of the main Sewer in the Pearson Street region which, you will remember, was the subject of a special report by me some time ago. It is getting more and more a question of urgency that enlargement of this section of the sewerage should be effected. You are still building houses in Stocksbridge and these developments naturally increase the strain on the Sewage Disposal Plant. At the present moment I am still unable to give it as my opinion that the Sewage Disposal Plant, in its present condition, is a source of immediate danger to the health of the district, but I am wondering how long it will be before, by force of circumstances, this opinion must be altered to a less favourable one.

I need hardly make comment on the Water Supply which, as you know, is distributed by the Sheffield Corporation. This guarantees a wholesome and sufficient supply to all houses connected, which is approximately 97.5% of the total number of houses in the Stocksbridge district. The remaining houses not on this supply—approximately 82, receive private supplies which are fairly adequate, but one can never be completely satisfied with such a supply. Those houses are situated, of course, where it is practically impossible economically, to provide a supply from the distributors.

The Chief Sanitary Inspector continued throughout the year to visit food premises where food is prepared and sold, and he has always found those in charge to be helpful and co-operative. It is necessary to maintain a happy relationship with those purveyors of food who are in charge of premises where food is exposed for sale. It is very important that strict hygienic principles should be in operation in all cases.

In concluding these comments on the report and the brief introduction, I would like to put on record my grateful thanks for the continued support and encouragement of the Chairman and members of the Health Committee during the year. To the Clerk and the other Officers of the Council I would like to say how I appreciate their co-operation and wise counsel, and particularly to Mr. Robinson, my Chief Sanitary Inspector, I would like to put on record my sincere thanks for his loyal and devoted service to the Department.

This last year has been easier for me in many ways in that I have had the most valuable assistance from the Senior Assistant County Medical Officer, Dr. J. J. Smith. She has had a wide experience in the practice of medicine and in the Public Health Department, and I am exceedingly grateful for all she has done to help me in my work.

I am,

Your obedient servant,

J. MAIN RUSSELL,

Medical Officer of Health

DISTRICT STATISTICS IN BRIEF.

The Stocksbridge Urban District covers an area of 4,631 acres. The number of inhabited houses at the end of 1952 was 3,240. The rateable value of the district is £57,218 whilst the product of a penny rate is £221/16/9 as at 31st March, 1953.

VITAL STATISTICS.

Population. The Registrar General has given his estimation of the population as 10,220, an increase of 100 as compared with the 1952 figure.

Births. There were 144 live births registered in the district during the year. Of these 72 were males and 72 females. This is an increase of 2 compared with last year. There were 5 illegitimate births, 3 males and 2 females.

Still-Births. During the year there were 6 still-births, 3 males and 3 females, 1 more than in 1952. There was 1 male illegitimate still-birth.

Deaths. 86 deaths were attributed to the district during 1953. This is a decrease of 19 compared with the 1952 figure.

Below I give tables of Live Birth Rates, Still-Birth Rates and Crude Death Rates with those rates for other parts of the Country.

RATES PER 1,000 TOTAL POPULATION.

Year.	England and Wales.	160 County Boroughs and Great Towns including London.	160 Smaller Towns (Resident population 25,000 to 50,000 at 1951 Census).	London Admini- strative County.	Stocksbridge U.D.
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LIVE BIRTHS.

1953	15.5	17.0	15.7	17.5	14.09
1952	15.3	16.9	15.5	17.6	14.03
1951	15.5	17.3	16.7	17.8	15.57
1950	15.8	17.6	16.7	17.8	16.6
1949	16.7	18.7	18.0	18.5	17.1

STILL-BIRTHS.

1953	0.35	0.43	0.34	0.38	0.58
1952	0.35	0.43	0.36	0.34	0.49
1951	0.36	0.45	0.38	0.37	0.58
1950	0.37	0.45	0.38	0.36	0.38
1949	0.39	0.47	0.40	0.37	0.48

DEATHS (Crude Death Rate).

1953	11.4	12.2	11.3	12.5	8.41
1952	11.3	12.1	11.2	12.6	10.37
1951	12.5	13.4	12.5	13.1	10.6
1950	11.6	12.3	11.6	11.8	9.6
1949	11.7	12.5	11.6	12.2	11.2

PRINCIPAL CAUSES OF DEATH.

	Male.		Female.	Total.
INFECTIVE DISEASES.				
Tuberculosis respiratory ...	2	...	—	2
CANCER.				
Malignant neoplasm, stomach	3	...	—	3
Malignant neoplasm, lung ...	3	...	—	3
Other malignant and lymphatic neoplasms ...	3	...	4	7
NERVOUS SYSTEM.				
Vascular lesions of nervous system ...	4	...	5	9
CIRCULATORY SYSTEM.				
Coronary disease, angina ...	5	...	5	10
Other heart diseases ...	7	...	9	16
Other circulatory diseases ...	1	...	2	3
Hypertension with Heart Disease	3	...	3	6
RESPIRATORY SYSTEM.				
Influenza ...	1	...	1	2
Broncho-Pneumonia ...	1	...	—	1
Bronchitis ...	4	...	—	4
Other Diseases of Respiratory System ...	1	...	—	1
DIGESTIVE SYSTEM.				
Ulcer of stomach and duodenum	2	...	—	2
MATERNAL ...	—	...	1	1
OTHER DEFINED AND ILL-DEFINED DISEASES				
	6	...	4	10
VIOLENCE (Suicide) ...	2	...	2	4
ACCIDENTS (Motor Vehicle)	—	...	1	1
Other Accidents ...	1	...	—	1
ALL CAUSES ...	49	...	37	86

AGE DISTRIBUTION OF DEATHS.

			Male.		Female.
Under 1 year	...	...	1	...	-
1 to 2 years	...	...	1	...	-
2 to 5	„	...	—	...	-
5 to 15	„	...	—	...	2
15 to 25 years	...	...	1	...	-
25 to 45	„	...	3	...	2
45 to 65	„	...	10	...	8
65 years and over		...	33	...	25
			—		—
	TOTAL	...	49	...	37

Infantile Mortality. There was 1 death under 1 year of age (a male), equivalent to a rate of 6.9 per 1,000 live births.

DEATHS UNDER 1 YEAR.

RATES PER 1,000 RELATED LIVE BIRTHS.

Year.	England and Wales.	160 County Boroughs and Great Towns including London.	160 Smaller Towns (Resident population 25,000 to 50,000 at 1951 Census).	London Admini- strative County.	Stocksbridge U.D.
1953	26.8	30.8	24.3	24.8	6.9
1952	27.6	31.2	25.8	23.8	21.1
1951	29.6	33.9	27.6	26.4	18.9
1950	30	34	29	26	52
1949	32	37	30	29	40

AGE DISTRIBUTION OF INFANT DEATHS.

CAUSE OF DEATH				Under 1 week	1 to 2 weeks	2 to 3 weeks	3 to 4 weeks	Total under 4 weeks	1 to 3 months	3 to 6 months	6 to 9 months	9 to 12 months	Total under 1 year
Atelectasis of Lung ...				1	-	-	-	1	-	-	-	-	1
TOTALS				1	-	-	-	1	-	-	-	-	1
1952				2	-	-	-	2	1	-	-	-	3
1951				2	-	-	-	2	-	1	-	-	3
1950				4	-	-	-	4	5	-	-	-	9
1949				4	-	-	-	4	2	-	1	-	7

Maternal Mortality. There was 1 maternal death during 1953, a case which was the subject of a Coroner's Inquest.

Epidemic Diseases. There were 2 deaths in the Epidemic Diseases (other than Tuberculosis) Group during the year—1 male and 1 female died from Influenza.

Inquests. Inquests were held on 6 occasions and in 11 cases the cause of death was certified by the Coroner after Post Mortem Examination without Inquest.

PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

Infectious Diseases other than Tuberculosis.

During the year 346 cases of Infectious Diseases were notified.
They were distributed as follows :—

			Notifications.		After Correction.
Measles	...	...	277	...	277
Scarlet Fever	...	...	3	...	3
Erysipelas	...	...	2	...	2
Poliomyelitis (Paralytic)			1	...	1
Whooping Cough			62	...	62
Puerperal Pyrexia	...	...	1	...	1
			346		346

Attack Rate of Commoner Infectious Diseases.

Disease.		England and Wales.		160 Smaller Towns.		Stocksbridge U.D.
Scarlet Fever	...	1.39	...	1.44	...	0.29
Pneumonia	...	0.84	...	0.76	...	0.00
Measles	...	12.36	...	12.32	...	27.10
Whooping Cough	...	3.58	...	3.38	...	6.06
Poliomyelitis (including Polioencephalitis)						
Paralytic	...	0.07	...	0.06	...	0.09
Non-Paralytic		0.04	...	0.04	...	0.00

DISTRIBUTION OF INFECTIOUS DISEASES BY AGE GROUPS.

Age Group.	Scarlet Fever.	Whooping Cough.	Acute Poliomyelitis (Paralytic).	Measles.	Erysipelas.	Puerperal Pyrexia.
Under 1 year	...	8	—	4	—	—
1—2 years	1	6	—	17	—	—
2—3 "	—	6	—	28	—	—
3—4 "	1	11	1	36	—	—
4—5 "	—	13	—	44	—	—
5—10 "	1	18	—	144	—	—
10—15 "	—	—	—	4	—	—
15—20 "	—	—	—	—	—	—
20—35 "	—	—	—	—	—	1
35—45 "	—	—	—	—	1	—
45—65 "	—	—	—	—	—	—
Over 65 years	—	—	—	—	1	—
TOTALS	3	62	1	277	2	1

Scarlet Fever. During the year 3 cases of Scarlet Fever were notified, 11 less than in 1952. This figure gives an attack rate for the district of 0.29 compared with a figure of 1.39 for the Country generally. Of the cases 2 occurred in the latter half of the year, 1 in each quarter, and 1 case occurred in the first quarter of the year. Of the cases notified, 2 were under the age of 4 years, the other being in the age group "5-10 years".

Diphtheria. Once again we are able to report that the district was free from Diphtheria during the year, this being the eighth year in succession that no case has occurred. The reason for this complete freedom from Diphtheria is due in no small measure to the regular immunisation of infants against the disease. It must be emphasised that such a happy state of affairs can and will be maintained if the interest and co-operation of the parents remains at its present high level. Children should be immunised before the age of 1 year, have a reinforcing dose of the antigen at the age of 5 years on entering School, and later by arrangement with the School Medical Officer.

The whole Country is experiencing a decline in the incidence of Diphtheria. During 1953, for instance, the provisional figures of cases notified was only 240, with a provisional figure of 24 deaths. A decade ago the notifications were 23,000, with approximately 1,000 deaths. These statistics are enough to indicate just how much the decline has been.

During the year under review the total number of children immunised for the first time was 112, an increase of 4 when compared with the figure for 1952. In addition 138 children received reinforcing doses of the antigen.

Measles. During the year there were 277 cases of Measles notified, giving an attack rate of 27.10, as compared with a figure of 12.36 for the Country generally. The incidence of Measles, therefore, was comparatively high. You will remember during 1952 that in the latter half of the year 9 cases occurred in the third quarter and 5 in the fourth quarter. One had hoped that this was an indication that there would not be much to report in 1953. However, 1953 started very badly in that 211 cases were notified in the first quarter. Thereafter there was a slight decline in the incidence, 61 cases being notified in the second quarter, 5 only in the third quarter, and none at all in the last quarter.

As is generally the case, the majority of the cases occurred in the "5-10 years" age group; 126 children under the age of 5 suffered from the disease, but only 4 over the age of 10.

Might I appeal once again in this document for the utmost care to be taken on the part of parents and guardians of young children suffering from Measles. The type of Measles that we are experiencing of recent years has been comparatively mild, and probably this fact has created a feeling that Measles is only a miserable nuisance which a child must inevitably experience, and the quicker it is over and done with the better. I do not think it is fully appreciated that Measles is a serious disease and can cause great havoc amongst the child population. The after effects might be serious. My appeal, therefore, to parents and guardians of children is that if a child is suffering from Measles, or is showing the early symptoms of the disease during an epidemic, that child should be kept isolated and warm in bed, until the Doctor has assured you that it is safe for the child to be up and about and to mix with other children.

Whooping Cough. Whooping Cough is another highly infectious disease and a most dangerous disease which must subject the child's physical condition to no mean strain. Its after effects, too, can be very serious, and yet I doubt whether the general public appreciate the danger to which a child is exposed when the disease is in our midst, and the danger which an infected child can be to other children. There is no excuse for not knowing whether or not it is safe for a convalescent child to be up and running about with his young friends. There is the family Doctor, the Doctor at the Welfare, the School Doctor, the Health Visitor, the District Nurse and, in fact, any member of the Health Department to ask. Indeed, they are there to advise upon such matters.

During the year under review 62 cases of Whooping Cough were notified, an increase of 41 compared with the figure for 1952. This is equivalent to an attack rate of 6.06 per 1,000 of the population compared with a figure of 3.58 for England and Wales. In 1952 the incidence disappeared during the middle part of the year, but there was an indication that cases were cropping up once more as the year ended. During the year 5 cases occurred in the first quarter and 1 in the second. The disease appeared with renewed force in the third quarter, when 37 cases were notified, falling off to 19 in the last quarter.

It is too early yet to give any opinion as to the value of the scheme of immunisation against Whooping Cough. As you are aware, the County Council brought into operation a scheme for immunisation against Whooping Cough which commenced in 1952 and continued into 1953. During the year 15 children received this protective treatment. We are most anxious to have the very young babies receive this protection, and have it as soon as possible. It means, of course, as the scheme stands at present, three injections at one monthly intervals. This course of immunisation is generally followed by two injections at monthly intervals of Diphtheria Prophylaxis, making 5 injections in successive months. Some young Mothers seem to think this is a lot for the child to undergo, and requests have been made for the combined Whooping Cough and Diphtheria Prophylactic. Until we get the approval of the Local Health Authority to use the combined antigen, the present system must continue.

Poliomyelitis. There was one case of Poliomyelitis notified during the year, a girl aged 3 years, from Deepcar. The child was admitted to Lodge Moor Hospital, where the diagnosis of Paralytic Poliomyelitis was confirmed. The attack was not a severe one, but there was a resultant mild degree of paralysis in one leg. The attack rate for the disease in the Stocksbridge district was 0.09, compared with a figure of 0.07 for the rest of the Country, for the Paralytic type. The incidence of Poliomyelitis generally is low, and one is glad to be able to report this. There were suggestions made that one could expect to have a recurrence of the relatively high incidence which we experienced a few years ago, but as yet this has not proved to be the case.

Poliomyelitis is a disease about which much has still to be learned in the field of Medical Research, both nationally and internationally. Tremendous efforts are being made by the World's most eminent Medico Scientific experts to find out the whole story of this disease. One or two highly technical facts have emerged which are interesting, and which must be helpful to the epidemiologist. So far as the general public is concerned the same advice as that given in recent years still remains sound. Summed up briefly that advice is:

In the event of an epidemic occurring in the district, crowded places should be avoided.

Care should be taken not to get overtired, particularly by strenuous exercise after the day's work.

It is also important that all food should be protected from flies and other insects, and that hands should be scrupulously clean before eating meals, and particularly after using the toilet.

If any member of the family does not appear to be too well, he or she should be put to bed and kept warm, and the family Doctor notified.

Absolute rest is essential until the Doctor has seen the patient.

Above all, the general public are asked not to be afraid of this disease, and not to panic.

Pneumonia. During the year under review we did not have one notification of Pneumonia in the district. There was one death as a result of Broncho Pneumonia, but no cases of the notifiable Acute Pneumonia occurred.

Tuberculosis. During the year 9 cases of Tuberculosis were notified, 8 Pulmonary and 1 Non-pulmonary. The following table gives the age and sex distribution of the cases notified.

AGE GROUP.	RESPIRATORY.			NON-RESPIRATORY.	
	M.	F.		M.	F.
0—5 years ...	-	1	...	-	-
15—30 „ ...	2	2	...	-	-
30—45 „ ...	1	-	...	-	-
45—65 „ ...	1	-	...	1	-
65 years and over ...	1	-	...	-	-
TOTAL ...	5	3	...	1	-

At the close of the year on the Tuberculosis Register there were 63 cases of Pulmonary Tuberculosis (37 male and 26 female) and 30 cases of Non-pulmonary Tuberculosis (16 male and 14 female).

No action was taken under the Public Health (Prevention of Tuberculosis) Regulations, 1925 (relating to persons suffering from Pulmonary Tuberculosis employed in the Milk trade) and under Section 172 of the Public Health Act, 1936 (relating to the compulsory removal to Hospital of persons suffering from Tuberculosis).

The Tuberculosis Service still works very satisfactorily in the district. The very helpful and happy co-operation amongst the three sections dealing with the Tuberculosis Service persists, and I think I ought to pay tribute here to the considerable help and advice which I have received from the Chest Physician from time to time. The link between the Chest Physician and us in the district is completed by the competency of the Tuberculosis Health Visitor, whose duties vary from seeing the patients in the Chest Physician's Clinic to supervision of the patients' general mode of life in the home. In between there is a vast field of investigation to be explored, and this Health Visitor (exclusively used on Tuberculosis work within the Division) is able to trace contacts, advise them to go for investigation, encourages the patient in his or her treatment, and is always available to suggest those cases which might, with advantage, receive the added benefits which are available.

So far as the District Council is concerned, they have quite a part to play in the Tuberculosis Service. The days have gone when those conditions which predisposed to Tuberculosis existed throughout the Country. Those days to which I refer were the days of much malnutrition amongst people who were badly housed in dark, damp and insanitary conditions, and overcrowded besides; homes where sunlight seldom reached and where a wholesome meal was a rarity. Conditions have changed; feeding is better, open spaces are provided where the young people meet for their recreation in fresh air and sunlight, and homes which are airy, bright, and which possess modern sanitary conveniences are being provided for the people. The District Council's contribution, therefore, in the fight against Tuberculosis has been considerable, and in Stocksbridge the provision of playing space and adequate housing is certain to have played its part. On the occasion when it comes to my notice that a Tuberculosis patient is inadequately housed I have always had the most helpful co-operation from your Housing Committee and the Council when I have appealed for special consideration for the rehousing of the unfortunate family.

Food Poisoning. There was no Food Poisoning notified during the year. This is the second year in succession when no Food Poisoning has occurred within the district; at least when no cases were brought to the notice of the Health Department. One must point out, of course, that Food Poisoning varies in its severity from a mild gastro-intestinal upset to the severe symptoms of serious vomiting and diarrhoea.

To investigate an outbreak of Food Poisoning it is most essential that early notification of the mild case should be sent to my Department so that Laboratory examinations can be completed and the source of any trouble determined. It is the mild attack of exhibiting the indefinite symptoms, that may be the source of the continuance of the incidence of Food Poisoning in the district, and might even be the precursor to an explosive outbreak.

Many Food Poisoning outbreaks are the result of carelessness on somebody's part—carelessness in personal hygiene. Scrupulous attention to personal hygiene and cleanliness whilst engaged in food handling is of prime importance. Other measures, of course, such as the protection of food from flies and other insects, from rodents and other animals, are also necessary.

I think that the public are becoming more and more conscious of this problem of Food Poisoning and its causes. The propaganda efforts over the past few years would appear to be producing results. It is very interesting to hear the comments of the ordinary shopper when food is exposed for sale which is not protected from dust and flies, and even animals; and how there is a feeling of revulsion when any unhygienic practice is witnessed in food shops where food-stuffs are being prepared or handled. One hopes that this determination on the part of the general public to demand cleaner food handling will persist, until we find that customers will indignantly refuse to drink from a cracked or chipped vessel in a Cafe or Public House, and refuse to patronise the shop where food is exposed to danger.

We do what we can to keep ever in the minds of the people the dangers of Food Poisoning, and by posters, and by talks at Clinics and Schools we endeavour to maintain interest in this subject. The Chief Sanitary Inspector, too, in his relationship with the tradespeople, manages to keep the subject very much to the fore when making routine inspections. Happily, in Stocksbridge, so far as I am informed, food traders and food handlers are only too keen to co-operate with the Chief Sanitary Inspector in keeping to a high standard their hygienic principles in the handling of food.

Health Education. Health Education is a subject which should have more study than it is getting at present. Teaching Health is really of first importance, and should be one of the chief functions of the Health Department. The conception of the functions of the Health Department have changed over the years, from the days when the Department was concerned chiefly with the broad principles of the Public

Health enactments and regulations so far as they applied to the Sanitary districts. At those times the investigation of cases of infectious Disease, the abatement of public health nuisances, the provision of a wholesome and sufficient water supply and the establishment of adequate sewerage and sewage disposal, were the main occupations of the Department. Nowadays, because of good housing, a first class water supply, and the improvement in control of Infectious Diseases, there has been removed from the Department much of the labour which used to occupy its time. Not only that, but the ideas of health have changed. One realises that people are beginning to appreciate the fact that health is not just freedom from disease—it is much more. How to live healthily and be able to enjoy every aspect of life, should be the concern of everyone. I feel that probably the emphasis in recent years has been on disease rather than on health. When the average person thinks of a Health Service, he or she inevitably thinks of Doctors and Hospitals and the provision of treatment. It is not the aspect of the prevention of disease and ill-health that gets the lime-light, and yet it is surely of prime importance.

It is necessary that people should know what to eat and when to eat, when to rest and how to rest, when to indulge in healthy recreation and how they should do so, and probably what type of work they should do to earn their daily bread, and how best to be content with that work. These are all matters which could come under the heading of "Health Education". Wherever members of the Health Department staff meet the public, such as in Schools and Clinics, and routine visiting of homes, every effort is made to teach Health. In the field we have Medical staff from the Department, Health Visitors, other Nursing staffs and the Sanitary Inspector and members of his Department. All those people are available to advise on health.

National Assistance Act, 1948. There was no occasion to use the provision of Section 147 of the National Assistance Act, 1948, or the Amendment Act, 1951, during the period under review.

Vaccination Against Smallpox. I am afraid that since vaccination against Smallpox ceased to be a compulsory measure, the numbers of children receiving this protection are not as high as they might be. During the year 26 children under the age of 14-years were vaccinated, together with one re-vaccination in the same age group. During the same period 4 cases over the age of 14-years were vaccinated.

GENERAL PROVISION OF THE HEALTH SERVICES.

Hospitals. The Sheffield Regional Hospital Board are responsible for the provision of the Hospital services covering the district. Cases of Infectious Disease are admitted to Lodge Moor Hospital, Sheffield, and on occasion to the Kendray Hospital, Barnsley. General cases are admitted to the Sheffield group of Hospitals, and probably one or two may be admitted to the Beckett Hospital at Barnsley. Hospitals are reasonably convenient to the district.

Laboratory Services. Laboratory services which we can use are available at Wakefield, at Barnsley, and at the City General Hospital in Sheffield. Each of those Laboratories has a Medical Director who is available to give advice and help in the investigation of any problem requiring Laboratory services. I have to report that a very happy relationship exists between me and each of those respective Directors, and I am grateful to them for help and advice on quite a few occasions in connection with minor investigations. It is a great advantage to the district when its Medical Officer of Health is within such easy reach of a fully equipped and staffed Laboratory, and I very much appreciate this situation.

Ambulance Facilities. The County Ambulance Service, under the direction of the County Ambulance Officer, is responsible for the conveyance of patients to and from Hospital.

The Hoyland Depot of the Service covers the Stocksbridge district. At the Hoyland Depot there is a fleet of seven vehicles which, of course, includes the small bus for the conveyance of non-ambulant cases to Hospital for outpatient treatment. Six of the vehicles at this Depot are radio controlled, and are constantly in direct contact with the main Ambulance Centre at Birkenshaw. I have not heard any adverse comments about the service during the year, and my opinion is that the Ambulance Service is doing excellent work, sometimes under difficulties.

Clinics. The following are details of Clinics and other services provided by the Local Health Authority and the Regional Hospital Board, and which are available for the residents in the district.

Venereal Disease Clinics. Treatment is available at Centres in Barnsley, Rotherham and Sheffield, particulars of which are given below:—

Address.	Men.	Women and Children.
Barnsley (Queen's Road)	Monday, 10 a.m.— 12 noon. Thursday, 4.30—6.30 p.m.	Monday, 5—7 p.m. Thursday, 2—4 p.m.
Sheffield (City General Hospital)	—	Tuesday, 2—4 p.m.
Sheffield (Jessop Hospital for Women)	—	Tuesday, 4—6 p.m. Thursday, 4—6 p.m.
Sheffield (Royal Hospital)	Monday & Wednesday, 9.30 a.m.—12 noon. Tuesday, 5.30—6.30 p.m. Friday, 9.30 a.m.—12 noon. and 4.30—6.30 p.m.	Thurs., 9.30 a.m.— 12 noon.
Sheffield (Royal Infirmary)	Monday & Thursday, 5—7 p.m.	Monday, 2—4 p.m. and 5—7 p.m. Thursday, 5—7 p.m.

Tuberculosis. There is a Tuberculosis Clinic held every Monday afternoon in a room at the rear of the Town Hall, at which the Chest Physician attends with his staff, including the Tuberculosis Health Visitor. This Clinic is more or less in the form of an advisory Clinic, where patients can consult with the Chest Physician, and probably receive minor investigation. Any fuller investigations, of course, are carried out at the main Clinic which is in Barnsley, and where the Chest Physician, Dr. H. A. Crowther, is always in attendance. There is also a Clinic in Penistone on the first and third Thursday afternoons of each month, to which certain patients from Stocksbridge might go if it would be more convenient for them.

Child Welfare Clinics. The Child Welfare Clinic is held in the British Hall each Tuesday afternoon, under the direction of Dr. D. Patterson, the Medical Officer. The Health Visitor, Miss Morris, is also in attendance. The Clinic is a very busy one and the number of attendances still remains high over the years. The atmosphere in the Clinic is very pleasant, and if one were to pay a casual visit on Clinic day one would see fair numbers of Mothers and their young children spending a helpful hour or so together. The Medical Officer and the Health Visitor are most popular with the young Mothers and the children, and the result is, an ideal Clinic is in being where advice is freely asked and given, and where the principles of healthy living are taught.

The Clinic premises are good and comfortable, light and airy, and reasonably adequate. At the Clinic, also, there are those few very kindly disposed ladies known as the Voluntary Workers. As a contribution to the welfare of the district these ladies give up this time to come to the Clinic and help the Nurse by performing all sorts of duties; helping to weigh the babies, keeping the register, selling the County foods and other items available, and preparing and serving that cup of tea, without which the social side of the Clinic would not be such a success. I am afraid that these ladies sometimes do not get the thanks that they deserve, but I would like to put on record that I, at any rate, am tremendously grateful for the valuable work that they are doing in the Child Welfare Service.

During the year under review 118 new babies were brought to the Clinic for the first time. During the same period 208 children attended the Clinic regularly, and in all, 1,785 attendances were made.

Ante-Natal Clinic. There is an Ante-Natal Clinic held by appointment on the first and third Friday of each month in the Welfare premises in the British Hall. The Ante-Natal Clinic has altered from the pre-National Health Service days, when a separate day each week was set aside for this purpose. The majority of the Ante-Natal care is now provided by the General Practitioner. The few expectant Mothers who do not attend their own Doctor receive this care, by special appointment, from Dr. Patterson at the Child Welfare Clinic at the above times.

The Health Visitor and, occasionally the Midwife attend at this Clinic when the expectant Mothers are present, and this must have nothing but good results so far as the patient

is concerned. Here she gets her medical advice, she can discuss with the Health Visitor social and probably family problems, and she can get to know and discuss problems with the Midwife who will be in attendance at her confinement, either in her capacity as a Midwife or as a Maternity Nurse.

During the year 12 expectant Mothers attended at the British Hall to see the Doctor, and altogether 46 attendances were made.

Special Clinics. One or two special Clinics are held in the British Hall, some at regular times, and some only when need for a particular special Clinic arises. On Tuesday mornings there is a Minor Ailment Clinic for Schoolchildren, which does not seem to be so well attended as it used to be. Nevertheless it is still a very useful Clinic, for it provides facilities and nursing staff in the event of a Medical Officer wishing to carry out any special examination. At this Clinic the Health Visitor or School Nurse is available to give general advice.

We also have in the British Hall regular Group Training of mentally defective children. There is a Home Teacher working exclusively within the Division, who does both home visiting and Group Teaching at certain Centres. In Stocksbridge she meets those children on a Friday morning. The Class is well attended and the children seem very happy.

There is also a special Clinic where we have the Speech Therapist attending to deal with minor speech defects found in Schoolchildren. At the present moment we share this Speech Therapist equally with another Division, but she does now attend on Fridays at the British Hall to carry out this training. The numbers requiring such treatment vary from time to time. Because we only have this limited service within the division, the amount of time the Speech Therapist spends in one place must, of necessity, be of short duration.

There is the Ophthalmological Clinic where the Eye Specialist attends when there are children requiring special eye examinations. Those children are referred by the School Teacher or the School Medical Officer as probable cases of defective vision, or any other eye condition. If found to be necessary, glasses are prescribed.

WELFARE SERVICES PROVIDED BY THE LOCAL HEALTH AUTHORITY.

Health Visiting. Below are the addresses of the Health Visitors serving the Stocksbridge district.

Health Visitor.	Address.
Miss W. Morris 	23, Rossington Road, Ecclesall, Sheffield, 11.
Miss C. Lax 	33, Marlcliffe Road, Sheffield, 6. (resigned 11/1/53)
Mrs. H. Dransfield (Assistant)	"Skelton Villa," 29, Pothouse Lane, Stocksbridge.

During the year Miss Lax left to take up a senior appointment in one of the London Hospitals and this left the onus of the Health Visiting more or less exclusively on the shoulders of Miss Morris. Mrs. Dransfield, although strictly a member of the Health Visiting Staff, has been nearly exclusively employed in the Home Nursing Service.

The Health Visitor is probably one of the most important workers in the Health Service, and her opportunities to be of service to the people are many. It is amazing the number of problems which beset families, particularly during times of sickness in the home or where, probably, there are some aged relatives requiring special care. The Health Visitor is the one to whom they should appeal for help and advice. She is the liaison between the home and the General Practitioner and between the home and the Regional Hospital Board Services. She is a Medico-Social Worker who has lots to offer in the way of advice if only she were asked for it. The Mothers and young babies attending the Clinic know her well as an adviser in the Infant Welfare Service, but her duties today are very much extended and the scope of her interests is very much wider. One would almost be prepared to say that in the event of any difficulty in the home the person who can always be of some assistance is the Health Visitor. She should be the friend and confidant of everyone.

During the year a total of 2,360 visits were made by the Health Visitors in connection with their duties.

Home Nursing. The Home Nursing Service is performed in the Stocksbridge district by the undermentioned Home Nurses:

Home Nurse	Address	Telephone No.
Miss D. Webb	61 Melbourne Road, Garden Village, Stocksbridge.	Stocksbridge 3165
Mrs. H. Dransfield	"Skelton Villa, 29 Pothouse Lane, Stocksbridge.	

Miss Webb receives assistance from Mrs. Dransfield and manages to perform the duties required. One realises, however, that a tremendous amount of effort is demanded on the part of those Nurses to maintain the existing high standard of work. To be able to deal with any extension of the service and be able to maintain those high standards the establishment of Home Nurses should be increased, to allow another full-time Nurse to help Miss Webb. I believe that this is being considered at County level.

These Nurses are both highly trained and competent. Miss Webb is mobile, and is able to cover the district fairly comfortably. The idea of the service, of course, is to bring to the patient in the home that high degree of Nursing skill which the patient receives in Hospital. The Home Nurse should work in very close association with the General Practitioner, under whose general direction, of course, she performs her duties.

During the year a total of 4,008 home visits were made in the Stocksbridge district.

Midwifery Service. Two Midwives cover the Stocksbridge district for Midwifery, as follows:—

Midwife.	Address.	Telephone No.
Miss A. Burrows.	"Hill View," Rundle Rd., Stocksbridge.	Stocksbridge 2189.
Miss R. Crossley.	10, Ashfield, Deepcar.	Stocksbridge 3135.

Both of those Midwives are highly trained, competent, and like the Home Nurses are well received by the people. Each is mobile and able to get about the district quickly and comfortably.

The Midwives are both trained to administer Gas and Air Analgesia, and both possess the necessary apparatus for administering it. During the year those Midwives, together administered Gas and Air Analgesia in 17 cases.

The Midwives, together, made a total of 2,157 visits during 1953, attending 71 cases as Midwives and 4 cases as Maternity Nurses. Included in the total number of visits is a figure of 430 to expectant Mothers, for Ante-Natal care.

Domestic Help Service. The Domestic Help Service is one of the most valuable services provided by the Local Health Authority, and undoubtedly most acceptable to the general public. The duties performed by the Home Helps are very much appreciated, and are of great assistance in the homes where the Housewife and Mother is ill and is unable to carry out her normal duties, or when due to the ill health of another member of the family her time is fully occupied in caring for the patient.

I have instructed the Health Visitors, Home Nurses and Midwives that on becoming aware of cases requiring the services of a Domestic Help, they should make immediate arrangements for that help to be provided, not necessarily waiting for the completion of the usual formalities. In my opinion the value of this service is in direct proportion to the speed with which it can be provided.

During 1953 the demand for Home Helps in Stocksbridge has been fairly good. A total of 7,488 Domestic Help hours were provided, the number of homes attended being 36. In all 14 Domestic Helps were employed, one less than in 1952.

The success of the Domestic Help Service is dependent primarily on the number of Home Help hours which we have available. The Division is given a quota and these have to be shared out as equitably as possible. Occasionally I have found it very difficult to keep within the ceiling of Home Help hours allotted to me, and in consequence there was the odd occasion when I had to reduce the hours to a very small extent in some cases.

It is obvious that this domestic help service is becoming more and more vital in the everyday life of the people, so much so that at County level preliminary discussions are taking place with a view to increasing the overall establishment of Home Helps for the County area. Another factor in the efficiency of the service is the availability of a pool of competent and kindly women to undertake the duties. In Stocksbridge we have been fairly fortunate in getting a few such persons, and notwithstanding the fact that they get paid for doing this work I am going to put on record my thanks to them for this invaluable contribution to the comfort and well-being of the various homes they visit, and at which they work.

SANITARY CIRCUMSTANCES, 1953.

(Prepared by Mr. D. E. Robinson).

Nuisances.

The following table shows the number and type of nuisances found and the action taken during the year:—

Blocked Drains	78
Blocked or defective sink wastes ...	10
Blocked or defective W.C.'s ...	7
Defective Dust Bins	12
Defective roofs, eaves gutters and fall pipes	9
Dampness, various causes ...	6
Privy Conversions	2
Miscellaneous	8
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Total nuisances found during 1953	132
Nuisances brought forward from 1952	13
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Total needing abatement	145
Abated during 1953	138
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Outstanding December, 1953 ...	7

NOTICES. Informal notices served 31—Complied with 29
Statutory notices served 2—Complied with 2

The practice of serving a notice on the property owner regarding the renewal of dust bins has been continued and usually the informal notice is complied with.

Sewerage and Sewage Disposal.

The only extensions to the sewerage system during the year have been in connection with the Council's own development of the Stubbin Estate.

Some trouble was experienced with the main sewer between Pearson Street and Gibson Lane and though fortunately there were no serious results, we were reminded of the need for the enlargement of this section.

It is not possible to give information additional to that given in the last annual report about the improvement of the Sewerage System and the Sewage Disposal Works.

Closet Accommodation.

The closet accommodation at the end of the year consisted of 80 privies and 3,325 water closets.

Action is taken to secure the conversion of privies by two methods.

- (a) The service of a notice on the owner under Section 47 of the Public Health Act, 1936, that the Council intend to carry out the conversion, and
- (b) By making a payment to owners of property who themselves convert privies to the water carriage system.

ACTION TAKEN DURING 1953.

(a)	Outstanding	...	5	notices concerning	8	privies
	Served	...	2	„	2	„
	Total	...	7	„	10	„
	Dealt with	...	2	„	2	„
	Outstanding	...	5	„	8	„

- (b) One privy was converted by owner.

INCREASED ACCOMMODATION.

17 Additional W.Cs. were provided to existing properties.

Refuse Collection and Disposal.

At the close of the year the district was served by 2,943 dust bins, 89 privies and 20 dry ashpits.

The staff engaged on the collection has not been increased though some adjustment was made in the areas covered by each vehicle due to the major building programme being within the area of one vehicle.

For a number of years it has been difficult to recruit and keep suitable staff for this work and this fact and the post war increase in the number of separate households has made it difficult at times to maintain a regular period of collections. An increase in the staff is desirable.

During the latter half of the year the old quarry at Woodroyd Road was used where, by the tipping of household refuse, support is given to an unstable retaining wall supporting the highway and provision made for future widening.

This tip is in a built up part of the district, but by the use of proper control no serious nuisance was caused.

Salvage.

The collection of waste paper was continued and the materials were sold to Messrs. The Thames Board Mills under contract. Sales were as follows:—

	T.	C.	Qr.		£	s.	d.
Mixed Waste ...	43	13	0	value	296	6	11
Periodicals ...	11	10	0	„	97	16	1
Newsprint ...	19	16	0	„	196	10	7
Total ...	74	19	0		£590	13	7

Food.

MILK SUPPLY. There are ten registered milk retailers in the district. One pasteurising plant is licensed under the Milk (Special Designation—Pasteurised and Sterilised) Regulations, 1949, which draws supplies mainly from local farms.

One dealer's licence is in force in respect of Tubercular Tested Milk under the Milk Special Designation (Raw Milk) Regulations, 1949. This milk is produced on farms outside the Urban District.

ICE CREAM. No Ice Cream is manufactured locally. Two licences for the sale only of ice cream were granted during the year, bringing the total of premises so licensed to 25.

INSPECTION. 33 Inspections of registered premises were made.

OTHER FOODS. No animals were slaughtered for sale for human consumption in the district.

The following is a list of unsound foods surrendered and destroyed by incineration.

			lbs.	ozs.
Canned Meats	...	...	100	0
Canned Fish	...	...	1	5½
Wet Fish	...	...	38	0
Canned Fruit	...	..	164	11
Canned Vegetables	...	...	35	11
Canned Milk	...	...	13	5½
Beef Sausage	...	...	18	0
Bacon	...	...	78	0
Cheese	...	...	10	0
Flour	...	...	94	0
Cereals	...	...	6	8
Confectionery	...	...	41	0
Dried Fruit	...	...	68	0
Preserves	...	...	14	7
			682	15¾

Records of the actual stock examined were not kept.

FOOD PREMISES. The number and type of food premises in the area including sales shops are as follows :—

Bakeries ...	...	...	3
Works Canteens and Cafes	...	...	4
Fish Friers and Wet Fish Salesmen	...	...	7
General Grocers	...	...	10
General Grocers including Bread and Confectionery	...	...	39
General Grocers in Bread, Confectionery and Meat	...	...	2
Sugar Confectionery	...	...	8
Butchers	...	...	13

Water Supply.

The Sheffield Corporation distribute water in the Stocksbridge area and there has been no insufficiency, Of the 3,240 houses in the district, 3,158 have a public supply.

The private supplies, though mainly fairly adequate, cannot be considered entirely satisfactory but there are difficulties in the way of providing a public supply at a reasonable cost.

Rodent and Insect Control.

A 10% test of the district sewers was carried out and no takes were recorded.

It was necessary to treat the Sewage Disposal Works once during the year when the presence of rats was noted, but the tips have been free from infestation.

Some minor rodent infestations were found on business premises and dwellings which were dealt with by occupiers with the advice and help of this department.

Four instances of the infestation of dwellings by cockroaches were found and dealt with.

Disinfection.

Premises were disinfected in eighteen instances after Infectious Diseases.

Housing.

NEW HOUSES COMPLETED.

(a) By Local Authority			
Stubbin Estate	...	...	60
Shay Road (one bedroom flats)			6
Glebelands Road	(do.)		8
Truman Grove	(do.)		8
Total ...			82
(b) By Private Enterprise ...			
			15
Grand Total ...			97

Though the number of dwellings built by private enterprise is gradually increasing, there has been no "Speculative Building" and in all cases the prospective owner occupier has had to seek a site, deposit plans, employ a builder, and possibly obtain the services of an Architect.

It is thought that a number of people, able and willing to buy their own house, who find this lengthy process difficult, would prefer to buy a completed new house.

RELIEF OF OVERCROWDING. Eight cases of overcrowding were dealt with in the letting of the Council's houses.

REPAIR AND RECONDITIONING. Twenty-five old houses were made reasonably fit by rather extensive repairs.

New Buildings and Development.

PROPOSALS SUBMITTED FOR APPROVAL.

	Approved.	Disapproved.	Total.
Garages ...	43	-	43
Garden Sheds, Coal Stores, Porches, etc.	11	-	11
Sanitary Conveniences	12	-	12
Store Sheds	1	-	1
Office and Works Extensions	7	-	7
New Dwelling Houses	27	-	27
Lock-up Shop	1	-	1
Overhead Lines	9	-	9
Business Premises Alteration	1	-	1
Cricket Score Box	1	-	1
Lay-out of Land for Housing	3	-	3
Caravan Sites	2	-	2
Playing Fields	1	-	1
Welfare Pavilion	1	-	1
Piggery ...	-	1	1
	120	1	121

